

## **INSTRUCTIONS AND CONSUMER PROFILES**

### **DELAWARE ONLINE HEALTH INSURANCE RATE COMPARISON**

**ISSUED APRIL 25, 2012**

The purpose of Delaware Insurance Commissioner Karen Weldin Stewart's online rate estimate system is to provide Delaware consumers with a fair and consistent price comparison of health insurance policies, as well as to facilitate an initial contact between consumers and insurance companies.

**Company Completion Requirements:** This is an annual survey of health insurance rates, with sample rates calculated by profile and county.

Exemptions for this survey are available for companies that are not writing new health business in Delaware. To request an exemption, please email [rate@state.de.us](mailto:rate@state.de.us).

Companies completing the survey must login to the Department of Insurance website using a unique login name and password provided to them by the Department. Companies will be asked to provide basic company information, including phone and website address. Companies will then use this account to download the rate estimate spreadsheet and to submit the spreadsheet online when it has been completed.

**Deadline:** Company information must be provided using the online company account and a completed rate estimate spreadsheet must be submitted online by **June 1, 2012**.

**Consumer Email Requests:** Companies must provide a single email address which will be used to send email requests for actual quotes from consumers, after they have received rate estimates via the online tool. Consumers will be able to select as many or as few companies they wish to contact and will provide limited contact information such as, name, address, phone number, and email address, etc.

Companies are required to acknowledge receipt of a consumer email request, but may handle the request in any way they choose. The return email message from the company to the consumer could be an automatic email response directing the consumer to the company's website, or could be an individualized email directing them to a local agent. Alternately, the consumer contact information could be provided by the company to a local agent or to a sales representative to call or email the consumer directly. How each company handles the email consumer requests is entirely up to it.

**Instructions for Online Account:** To complete the survey, companies must:

1. Go to <http://doihealthshopper.cloudapp.net/company> and login to your company account. The login for each company is the company's NAIC number and the initial password is the NAIC number as well.
2. **If a company is logging in for the first time, please follow the link on the left side of the page to change your company's password immediately.**

3. All companies should click on “Manage User Accounts” to make sure the system contains a valid contact email address for your company’s main account (this is not an email that will be displayed or used by consumers). Companies that have not used this system previously will see a placeholder phrase in the field for email – please replace with a valid email address. For all companies, please note that each company, each login and each user must utilize a different email address (e.g. Test Insurance Company and Test Casualty Insurance Company could not both use jsmith@test.com as an email). Even if your company has submitted rates using this system before, please make sure that there is a valid email listed for your main company account.
4. From your company’s account home page, click the link to begin a new submission. Under “Insurance Type” select Health Insurance 2012 and provide a name for your submission, such as “2012 Health Rates.” Your company will have the ability to create multiple survey submission files, with each new one that is uploaded and replacing any previous one. For example, if you need to change this year’s survey after you have already submitted it, you could create “2012 Health Rates – Amended.”
5. Fill in the fields in the “Customer Contact” section. This information will be publicly viewable by consumers on the website. You may (1) supply your company web address or a customer contact phone number; or you may (2) check “Contact Local Agent,” and, if you wish, supply a web address for a local agent locator or other appropriate web address.
6. Under “Customer Contact,” please supply an email address to receive messages generated by consumers who ask for more information after viewing rates on our website. This is the email address required in Regulation 1314.
7. Fill in the fields in the “Data Contact” section. This information will not be publicly available on the website and will only be used by Department personnel to contact the company about survey submissions.
8. Click Save to save the company information. You will be able to edit this information at any time.
9. Once you save the contact information, you will see a page with Submission Details. Initially, this page will show an error until survey rates are submitted.
10. Under the section titled “Rates” is a link that will allow you to download the Microsoft Excel spreadsheet, which is strongly suggested as the means for submitting survey information. You may need to save the file when prompted by your computer rather than opening it. Please note: The column and row headers on the spreadsheet must not be altered or deleted while the spreadsheet is being completed.
11. Once the rate survey spreadsheet is completed, log back in to your company account, select your submission name and follow the links and instructions to upload the spreadsheet. After it is uploaded, you will be asked to check a box to confirm that the information in your submission is accurate and click on a button to activate your submission.
12. If you wish, you may use the links at the left side of your company account home page to create and manage individual user accounts for your company staff, so that multiple staff members working on the survey may have access to the survey website. Or you may simply use the original company login and updated password for all your company’s access.

13. Whenever you login to your company's account, you will see your submission listed under "Incomplete Submissions" until the survey spreadsheet is completed and uploaded. Once it is uploaded, it will show under the "Active Submissions" section and may be managed there.

**Provisions for Rating:** The following assumptions and restrictions should be used in providing rate estimates.

- Annual Premiums – Please list premiums on a yearly basis.
- Non-Smoking – Assuming the occupants of the residence being quoted do not smoke.
- County – If there is a county where a company applies more than one rate, provide the rate estimate based on the rate that applies in the majority of the county.
- Credits and Discounts – Give any credits or surcharges that you would normally apply to the risk based on the information furnished. Do not apply any additional credits, change deductibles or change coverage limits. Do not apply any discounts to the calculation of the rate estimate, though there will be a place on the website to indicate what types of discounts are offered.

**Counties Used:** Rates must be completed for the three counties in Delaware. The counties, which are listed on the spreadsheet, are:

- New Castle
- Kent
- Sussex

**Hypothetical Consumer Profiles:** Following are the consumer profiles for rating. The Microsoft Excel spreadsheet downloaded using your online account will detail each of the combinations.

If a company would not write a policy for a particular profile scenario, place DNR (for Does Not Rate) in the appropriate cell in the Microsoft Excel spreadsheet.

Please email any questions, comments or requests for clarification regarding the health rate survey at [rate@state.de.us](mailto:rate@state.de.us).

## **EXAMPLES #1 – 8: SMALL GROUP HEALTH POLICIES**

### **Example #1 – 1 person**

Coverage: Comprehensive with \$1000 deductible and 80% coverage

Age:

- a. Under 40
- b. 41-55
- c. Over 55

**Example #2 – 1 person**

Coverage: Comprehensive with \$5000 deductible and 80% coverage

Age:

- a. Under 40
- b. 41-55
- c. Over 55

**Example #3 – 1 person**

Coverage: HMO with a \$10/\$20 copay

Age:

- a. Under 40
- b. 41-55
- c. Over 55

**Example #4 – 1 person**

Coverage: HMO with a \$15/\$25 copay

Age:

- a. Under 40
- b. 41-55
- c. Over 55

**Example #5 – 2-50 people**

Coverage: Comprehensive with \$1000 deductible and 80% coverage

Average Age:

- a. Under 40
- b. 41-55
- c. Over 55

**Example #6 – 2-50 people**

Coverage: Comprehensive with \$5000 deductible and 80% coverage

Average Age:

- a. Under 40
- b. 41-55
- c. Over 55

**Example #7 – 2-50 people**

Coverage: HMO with a \$10/\$20 copay

Average Age:

- a. Under 40
- b. 41-55
- c. Over 55

**Example #8 – 2-50 people**

Coverage: HMO with a \$15/\$25 copay

Average Age:

- a. Under 40
- b. 41-55
- c. Over 55

**EXAMPLES #9 – 12: INDIVIDUAL/PERSONAL**

**Example #9 - HMO with a \$10/\$20 Copay**

Age:

- a. 20-40
- b. 41-55
- c. 56-64

Are you a family?: Yes/No

Do You Smoke?: Yes/No

**Example #10 - HMO with a \$15/\$25 Copay**

Age:

- a. 20-40
- b. 41-55
- c. 56-64

Are you a family?: Yes/No

Do You Smoke?: Yes/No

**Example #11 - Comprehensive with \$1000 deductible and 80% coverage**

Age:

- a. 20-40
- b. 41-55
- c. 56-64

Are you a family?: Yes/No

Do You Smoke?: Yes/No

**Example #12 - Comprehensive with \$5000 deductible and 80% coverage**

Age:

- a. 20-40
- b. 41-55
- c. 56-64

Are you a family?: Yes/No

Do You Smoke?: Yes/No